

STATE OF NEW MEXICO
DEPARTMENT OF EDUCATION
300 DON GASPAR
SANTA FE, NM 87501-2786

SUBMIT COPIES (AS APPLICABLE)

- a. General Allocation Notice
- B. Publication and form 910b-5 for increase over \$1,000 in Operational (non-categorical)

BUDGET
Fiscal Year 2025-2026
AM YES OR NO No

ADJUSTMENT CHANGES INTENT/SCOPE OF PROGR
FLOWTHROUGH ONLY

BUDGET PERIOD	July 1, 2025	TO	June 30, 2026
A. CARRY OVER			
B. TOTAL CURRENT YEAR ALLOCATION			\$12,080.00
C. ADMINISTRATIVE POOL ALLOCATION			\$ -
TOTAL FUNDING AVAILABLE:			\$12,080.00

DOC. ID:	65-26-114
FED. TAX ID.:	85-6000-130
Please Identify One:	
<input type="checkbox"/>	General Fund/Capital Outlay/Debt
<input checked="" type="checkbox"/>	Direct Grant
<input type="checkbox"/>	Flowthrough <u>25145</u> (Program of Adm.)
Name	IMPACT AID Transportation (Local Board Only)
SELECT ONE:	
<input type="checkbox"/>	INITIAL BUDG. (Flowthrough)
<input checked="" type="checkbox"/>	INCREASE
<input type="checkbox"/>	DECREASE
<input type="checkbox"/>	CARRY OVER 26-27 SY
<input type="checkbox"/>	TRANSFERS

ENTITY NAME: FARMINGTON MUNICIPAL SCHOOLS

CONTACT: Phyllis Timme TELEPHONE: (505) 324-9840 X 1517

TOTAL APPROVED BUDGET (Flowthrough) _____
ROUND TO THE NEAREST DOLLAR

REVENUE AND FUND CODE	FUNCTION/OBJECT EXPENDITURE		DESCRIPTION	PRESENT BUDGET	AMOUNT OF ADJUSTMENT	ADJUSTED BALANCE	ADDL FTE
	FROM	TO					
44301							
25145		2200.53330	Professional Development	\$ 99,657.26	\$ 11,675.32	\$ 111,332.58	
Compliance with Section 10-15-1 and 22-8-12 NMSA, 1978 Compilation:				SUB TOTAL	\$ 11,675.32		Total FTE
A. The requested budget/changes were authorized at a scheduled Board of Education meeting open to the public on: <u>6/9/26</u>				INDIRECT COST 3.35%	\$404.68		
				TOTAL	\$ 12,080.00		

B. Justification for the transfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out Project" ARE NOT ACCEPTABLE. Attach additional sheets of necessary.

FUNCTION/OBJ	JUSTIFICATION	FUNCTION/OBJ	JUSTIFICATION
_____	FY2026 AWARD VOUCHER	_____	_____
_____	CWD FINAL	_____	_____
_____	_____	_____	_____

SCHOOL DISTRICT CERTIFICATION	
Cody Diehl	
SUPERINTENDENT	DATE:
FISCAL OFFICER	DATE:

SDE APPROVAL	
Korth Ellsworth	
PROGRAM DIRECTOR	DATE
AGENCY SPPORT/SCHOOL BUD.	DATE

ANALYST